CONVENTIONAL SEMEN ANALYSIS IS NOT ENOUGH



Out of all standard semen analysis parameters, only morphology was predictive of reproductive outcomes.



The predictive power of ORP was better compared to morphology.



Sperm morphology could not predict fertilization rates, while ORP could.



For blastulation and live birth rates, ORP had the highest predictive values.

Published by **ELSEVIER** in Reproductive BioMedicine Online.

Henkel R, Morris A, Vogiatzi P, et al. Predictive value of seminal oxidation-reduction potential analysis for reproductive outcomes of ICSI. Reprod Biomed Online. 2022;45(5):1007-1020. doi:10.1016/j.rbmo.2022.05.010

SEMINAL ORP AS A PREDICTOR OF ICSI

OUTCOMES

Seminal ORP is predictive of clinical outcomes up to live birth in ICSI cycles.

Low seminal ORP is related to significantly higher fertilization, blastulation, clinical pregnancy and live birth rates.

Better quality sperm could compensate for impaired female factor.

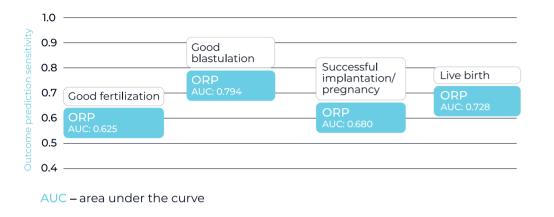
Conventional semen analysis is not enough.

ORP – oxidation-reduction potential ICSI – intracytoplasmic sperm injection

Scan here for the study

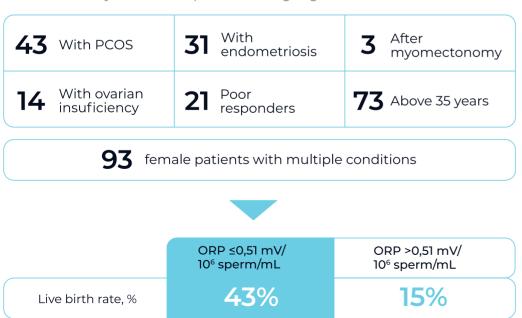


SEMINAL ORP IS PREDICTIVE OF CLINICAL OUTCOMES UP TO LIVE BIRTH IN ICSI CYCLES



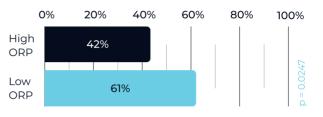
BETTER QUALITY SPERM COULD COMPENSATE FOR IMPAIRED FEMALE FACTOR

Real-world fertility clinic female patients undergoing ICSI:



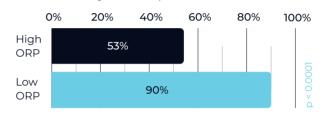
LOW SEMINAL ORP IS RELATED TO SIGNIFICANTLY HIGHER FERTILIZATION, BLASTULATION RATES





More than half of the couples with low seminal ORP reached a good fertilization rate.

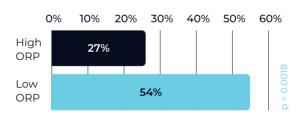
> 60% Blastocvst development*



90% of couples with low seminal ORP had good blastocyst development.

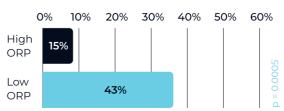
LOW SEMINAL ORP IS RELATED TO SIGNIFICANTLY HIGHER CLINICAL PREGNANCY AND LIVE BIRTH RATES

Implantation rate / Clinical Pregnancy rate, %



In couples with low seminal ORP, implantation rate was 2 times higher.

Live birth rate, %



In couples with low seminal ORP, live birth rate was 3 times higher.

^{*}The data for the fertilization and blastocyst development rates were categorized according to benchmark classification for ICSI (ESHRE Special Interest Group of Embryology and Alpha Scientists in Reproductive Medicine, 2017)